

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>th</i>	<i>62819</i>	<i>11/18/12</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>11/18</i>
FORMALITY REVIEW	<i>DL</i>	<i>72346</i>	<i>12-4-12</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>11/14/12</i>
2	<i>✓</i>
3	<i>✓</i>
4	<i>✓</i>
5	<i>✓</i>
6	<i>✓</i>
7	<i>✓</i>
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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